

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4618

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>5456</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brookline Twsp</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brookline Twsp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Brookline</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1, Brookline</u>			
3. NAME OF DECEASED (Type or Print) <u>Will</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month) <u>February</u>		(Day) <u>13</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 1, 1874</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John C Baumberger</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ringgenberg</u>		14. NAME OF HUSBAND OR WIFE <u>Jennie Hampton Baumberger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jennie H Baumberger, Brookline, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, colon, type undetermined</u> ANTECEDENT CAUSES <u>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma, prostate & metastases</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION <u>June 48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma colon</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-17</u> , 19 <u>46</u> , to <u>2-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-11</u> , 1949, and that death occurred at <u>11:20 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. G. Siceluff</u>		23b. ADDRESS <u>609 Cherry Street Springfield, Missouri</u>		23c. DATE SIGNED <u>2-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookline Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookline Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-21-1949</u>		REGISTRAR'S SIGNATURE <u>Glorance Brittain</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u> ADDRESS <u>Funeral Home, Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
Greene County Health Office,
County File Number 13-2-49
Date Filed 2-25-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Bernard F. Wright

Signed _____
Student Embalmer

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

--Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.